



HEALTH DEPARTMENT

9 School St. - Amesbury, MA 01913
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www.amesburyma.gov

John W. Morris, Health Director

Donna Lickteig, Adm. Asst.

APPLICATION FOR TOBACCO SALES PERMIT

Fee Due: \$75.00

Application is made for a permit to sell tobacco products in the City of Amesbury in accordance with the provisions of the Board of Health Regulations Affecting Smoking in Certain Places and Youth Access to Tobacco effective March 1, 2003.

Establishment Name: _____ Establishment Location: _____
Email Address: _____ Telephone Number: _____
FEDERAL ID # _____

Please circle EACH tobacco product sold:

Cigarettes Pipe Tobacco Cigars Snuff Chewing Tobacco

Location of all tobacco products including cigars must be behind the sales counter.

Tobacco Sales Permit Checklist

The owner must initial each item listed below, and this form must be signed by the owner/operator of the establishment applying for a Tobacco Sales permit. No permit will be issued until all areas of this checklist have been initialed and signed.

1. I have read and I understand Amesbury Board of Health Regulations concerning the sale of tobacco products in Amesbury.
2. I understand that it is against the law to sell cigarettes or any other tobacco product to anyone under the age of eighteen (18) years of age, regardless of what age the person may look.
3. I understand that Amesbury regulations require anyone selling tobacco must fully establish the customer's age. This means that the clerk must ask for and see identification proving the person is at least eighteen (18) years of age. (i.e. drivers license or ID, military, passport.)
4. I understand that the owner/operator of a business holding a tobacco sales permit is responsible (if applicable) for the operation of a cigarette vending machine on the premises.
5. I understand that the Board of Health Northeast Regional Tobacco Control Program will conduct at least four (4) compliance checks a year at my business to ensure that I am not selling tobacco products to minors. This means:
 - ★ Trained minors will attempt to purchase tobacco products.
 - ★ The Compliance checks will be conducted at all tobacco retailers.
6. I understand that if I am caught selling tobacco products to minors I may be fined and/or lose my permit to sell tobacco for a period up to ninety (90) days as indicated in the Amesbury regulations.
7. I understand that Amesbury regulations prohibit the sale of single cigarettes (loosies).

ADM. ASST. HOURS:

Mon. thru Wed.: 8:00 am – 4:00 pm
Thursday: 8:00 am – 7:00 pm
Friday: 8:00 am – 12 Noon

DIRECTOR IN-OFFICE HOURS:

Mon. & Wed.: 8:00 am – 10:30 am
Thursday: 4:00 pm – 7:00 pm
Friday: 8:00 am – 10:30 am

OTHER HOURS BY APPT.

CLOSED DAILY FROM 12:00 pm – 1:00 pm

8. I understand that Amesbury regulations prohibit self-service displays.
9. I understand that in order to receive a Tobacco Sales Permit from the Amesbury Board of Health, I must enclose a copy of my valid Department of Revenue Tobacco certificate.
10. I understand that I must conspicuously post a copy of the " No Sales to Minors" Massachusetts General Laws, Chapter 270, Section 6 signs. The Tobacco Program will provide instructions and signs free of charge.

I acknowledge that the Board of Health will conduct compliance checks on a regular basis to ensure that retailers do not illegally sell to minors.

Print Name

Signature

Date

By signing this form, I acknowledge that I have read and understand all of the above statements.

(Name of Business)

(Owner/Operator)

(Date)

Office Use Only – Received



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